


# Developments

AADAC

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## Substance Use and Gambling in the Alberta Workplace

The symptoms of dependency may show up earliest or most noticeably in the workplace. Substance use and gambling also have the potential to compromise health, safety and productivity on the job. It is in the interests of employers, employees, addiction agencies, and everyone who is affected by addiction that we learn as much as possible about the connection between substance abuse, problem gambling, and the workplace. In this issue of **Developments**, we report results of a just-released study on the subject. We also offer the empirical learning of Ed Boisvert who, after 30 years as a prevention and treatment consultant to workplaces in central Alberta, gives us the benefit of his insight into the value of programs designed to assist employees – and ultimately the people they work for and with.

## Substance Use and Gambling in the Alberta Workplace, 2002:

### A Replication Study

By Susan Hutton, AADAC Research Officer and Keith Hughes, AADAC Communications Consultant

(AADAC) has released results of *Substance Use and Gambling in the Alberta Workplace, 2002:*

*A Replication Study* to provide current information on gambling and the use of alcohol, tobacco and other drugs in the Alberta workplace. Replicating a survey done in 1992, R. A. Malatest & Associates surveyed a total of 2,836 workers, 755 employers and 88 union representatives.

AADAC staff will use the results of the study to enhance current information, prevention and treatment services for the workplace and to inform the development of new programs. Survey results are also expected to encourage interest in workplace health and safety issues in general and substance use and gambling issues in particular and establish a benchmark for gambling and tobacco use in the workplace, areas not studied in the 1992 research.

The research explored employee reports of prevalence and patterns of gambling and the use of alcohol, illicit drugs, medication, and tobacco. Employers and unions were asked how they perceived the impacts of employee substance use and gambling in the workplace and what their responses were to problems created by these behaviours.

### Prevalence and patterns of substance use and gambling

#### Alcohol use

The study shows alcohol was still the most frequently used substance among Alberta workers during the year previous to the survey and prevalence of alcohol use remained relatively unchanged (81% in 2002; 80% in 1992). However, frequency of drinking and consumption levels changed. More workers in 2002 were infrequent drinkers (drinking monthly or less); fewer were occasional drinkers (two to four times per month).

The majority of Alberta workers who drank did so without any problems according to the Alcohol Use Disorders Identification Test (AUDIT). About 10% of Alberta workers engaged in harmful or hazardous drinking; 1% were at risk for probable alcohol dependence.

It is estimated that over 184,000 Alberta workers (11%) had consumed alcohol at work during the previous year.

## Drug use

**Previous studies (1992 and 1994)** The pattern of illicit drug use among Alberta workers was relatively unchanged between 1992 and 2002, but the proportion that reported using illicit drugs in the previous year rose from 6% to 10%. This rise was solely a result of increased use of cannabis, the most commonly used illicit drug (10% in 2002; 6% in 1992). All other illicit drug use remained the same (1% or less for cocaine, hallucinogens, stimulants, opiates and other street drugs).

Of the 10% who reported using illicit drugs, about one third (3% of Alberta workers) reported no problem drug use according to the Drug Abuse Screening Test (DAST). Less than one quarter of drug users (2% of Alberta workers) reported a level of drug use indicating a likelihood of substance abuse or dependence.

About 16,700 employees (less than 2% of Alberta's workers) used illicit drugs at work in the previous year. Of these, 44% reported doing so at least once a week.

Most employees (88%) reported using medications in the previous year, very few on a daily basis. Most commonly used were over-the-counter drugs like painkillers (74%) and medications for cough, cold, sinus or allergy (59%). Although 15% of workers had used prescription painkillers, only 2% did so on a daily basis. Few used medications such as tranquilizers (2%), over-the-counter stimulants (2%) and sleeping pills (7%).

## Tobacco use

Information about tobacco use among Alberta workers was collected for the first time in 2002. One third of workers (30%) smoked or used tobacco at work in the previous month; 27% smoked daily.

About 13% of workers engaged in moderate smoking (11 to 19 cigarettes per day) or heavy smoking (more than 20 per day).

In the previous month, 22% of the workforce had smoked or used tobacco (most commonly in cigarette form) while at work. It is estimated over 368,000 Alberta workers used tobacco while at work.

## Gambling

**Previous studies** The 2002 study also explored Alberta workers' gambling activities. In the survey, an individual was classified as a gambler if he or she had bought lottery or scratch tickets; played bingo, slot machines or VLTs; played casino table games; bet on sports, on horse races, or against other people; or participated in Internet gambling in the previous 12 months.

**Problem gamblers** About 1% of Alberta workers were problem gamblers according to responses to the Canadian Problem Gambling Index (CPGI), a finding consistent with other studies.

Cannabis was the only illicit drug to show increased use.

**Current study** In 2002, almost one third of Alberta workers (30%) gambled while at work within the previous year. Of the estimated 502,000 employees who gambled at work, over one quarter (107,000) gambled weekly.

## "At-risk" industries

Workers in the construction, utilities, forestry/mining, wholesale/retail trade, public administration and finance/insurance/real estate sectors were most likely to report substance use at work, at-risk use, multiple substance use, or gambling issues. (Industries reporting lower than average rates were social services, agriculture and education.) At-risk industries tend to have higher concentrations of young males 18 to 24 years of age, the demographic group most at risk for substance use. The safety-sensitive nature of many at-risk industries heightens concerns that substance abuse or use while at work may have serious implications for job performance and safety.

## Workplace norms

Less alcohol was available in the worksite in 2002 than in 1992, but alcohol remained available near the worksite. Fewer people drank at lunch or after work, but invitations to drink by co-workers and supervisors or managers had increased. There is evidence that perceived drinking by co-workers and heavy alcohol use are predictors of work-related drinking; at-risk industries may need to act preventively to influence workplace norms.

Most workers did not feel that street drug use was socially acceptable within their organization. Less than one quarter of employees reported gambling together after work or that gambling was socially acceptable in their workplace. Tobacco use was more likely to be permitted in outdoor industries and less likely for indoor industries.

Impact of substance use and gambling in the Alberta workplace

The study estimates that, in the year previous to the 2002 survey, the Alberta workforce missed almost four million hours from work — the equivalent of \$74 million — as a result of gambling (\$7 million), or the use of alcohol (\$51 million) or illicit drugs (\$16 million). This cost estimate is partial: it does not include costs such as lost production due to employee absenteeism, cost of temporary workers and wages paid to absent workers.

Employers and union representatives remained concerned about employee alcohol and drug use since 1992

and expressed concerns about employee tobacco use and gambling in 2002. Employer concerns about the seriousness of employee tobacco use (31%) outranked their concerns about alcohol use (20%), drug use (13%) and gambling (9%) as an organizational issue. Employer concerns about the seriousness of alcohol use and drug use rose from 1992 (10% and 7% respectively).

## Responses to employee substance use and gambling

In the 2002 study, when asked how they would respond to a co-worker with a substance abuse or gambling problem, employees said that they would give the person advice on dealing with the problem (45%), report the person to a supervisor (27%) or suggest the person get help (21%). Very seldom would employees help a co-worker to avoid getting caught (1%).

Employers described their typical responses to employee incidents involving alcohol: While they would warn an employee for arriving at work with a hangover (70%) or for near-misses involving alcohol or drugs (45%), employers would suspend employees arriving at work drunk or high (42%). An employee would be dismissed for substance use resulting in injury to others (56%) or damage to property (37%).

While unions were more likely to report that their members would receive sick leave with full pay (51% down from 65% in 1992) or partial pay (34% up from 18% in 1992), employers were more likely to offer employees sick leave without pay (50% up from 35% in 1992). Employers were less likely to report that they would dismiss an employee requiring treatment in 2002 (11%) than in 1992 (20%). Responses also varied by size: larger organizations with the highest operating budget and headquarters located outside of Canada were more likely than their smaller counterparts to offer sick leave with partial or full pay.

Employee assistance programs (EAPs) and member assistance programs (MAPs) provide support for employees with substance use and gambling concerns. Program availability increased since 1992 as reported by employers (EAPs 28%, up from 9%) and unions (EAPs 90%, from 72%). Larger organizations were more likely to provide EAPs. Employers who did not provide EAPs reasoned that their organization was too small (59%) or their

organization did not need one (54%). Most with access to EAPs saw them as effective (92% of employees, 83% of union representatives).

Formal policies to deal with employee alcohol and drug use have become more common since 1992. In 2002, 61% of employers reported having alcohol policies and 60% drug policies, compared to 29% reporting combined alcohol/drug policies in 1992. This suggests that over 10 years workplaces have grown increasingly aware of alcohol and drug issues and have acted on these concerns. Employers also reported having policies on employee tobacco use (50%) and gambling (11%).

Employer reports of testing for alcohol and drug use have increased since 1992 (8% up from 1%). About one third of the 8% of employers who reported testing thought it was effective in dealing with alcohol use problems in the workplace (32%, up from 10% in 1992) and drug use problems in the workplace (37% up from 27% in 1992). Larger organizations were more likely to report testing for alcohol or drug use. Most testing programs tested after accidents, on referral by a supervisor noticing performance problems, after a near miss, or before employment. Safety-sensitive industries, such as forestry/mining, upstream oil/gas, transportation and construction were most likely to report alcohol or drug testing in their organizations.

## Conclusion

The Alberta workforce remained relatively healthy in 2002 with regard to substance use and gambling. Since 1992, alcohol prevalence rates remained the same and at-risk drinking patterns did not change. Cannabis was the only illicit drug to show increased use. Drug use at work and problem drug use was rare. New measures for gambling revealed a prevalence of problem gambling similar to that of the general population.

"The majority of Albertans workers do not engage in drinking or drug use while at work on the job; however those that do so are of concern in the workplace," says Ed Sawka, Director of National Research Coordination for AADAC. "AADAC is committed to lessen the impacts of any negative effects of substance use and gambling in the Alberta workplace." Awareness of substance use and gambling problems in the workplace is an important step for creating healthier, safer work environments.

**The workplaces that require greatest attention to safety often belong to the industries in which workers are most likely to use substances.**



# EAPs as *employer* assistance programs

By Ed Boisvert

programs (EAPs) are programs sponsored by employers or unions that are based in the workplace and offer help for employees who are suffering the effects of addiction, whether their own or that of a family member or close associate.\* My career in the field of addictions has encompassed most of the history of EAPs in Alberta, and this experience has taught me that EAPs are just as important to the workplace as they are to the employee.

In 1972, I became a volunteer for an emerging addictions agency known as AADAC. I helped to design and implement a smoking reduction program at the Penhold Canadian Forces Base (CFB). Since my first exposure to addiction work involved a workplace, I naturally moved into working with EAPs very early in my career.

I started work at AADAC in 1976. People whom I had met as a volunteer at the Penhold CFB invited me to repeat the "Stop Smoking" program, but to add reduction of the use of alcohol. I presented a two-day workshop attended by supervisors and section heads, who suggested that the workshop be made mandatory for all staff as an introduction to an emerging "Forces Policy on Substance Abuse." I found that in the month following a workshop, I could count on 10% of the participants to contact me for assistance for themselves, family members, friends, subordinates or fellow workers, either by way of direct treatment or by referral to some other agency.

Until my retirement in 2002, I was involved in some measure with helping well over 200 companies and local businesses to develop and implement EAPs.

Early on, EAP introduction into workplaces was driven by the notion that lost production caused by accidents and mistakes was largely the result of intoxication in the workplace. In my opinion, the rationale for EAPs is much more far-reaching than touching the lives of the employees who were addicted or frequently intoxicated: EAPs are vital to the workplace itself.

The "problem" employee, I discovered early on, often occupied a pivotal position in the company, whether as a foreman, supervisor, or site troubleshooter, or simply as one of the most productive, committed and knowledgeable employees in the organization. For the workplace, it is worthwhile to help such an employee to overcome addiction, rather than lose the talent and knowledge that he or she brings to the job.

In my experience, most "addicts" are skilled, loyal, bright, caring and sensitive people. In the workplace, they are usually perfectionists: they may have difficulty starting tasks because once they start a task it must be done perfectly. This search for perfection makes it equally difficult for them to finish a task. If you tell them that a job is well

done, they will discount that and point out the slightest imperfections or flaws. They often put the needs of others ahead of themselves or their families. They frequently are the first to arrive at work, work long hours without complaint, take on the most difficult jobs and are the last to leave. They have many traits that make them valuable in the workplace.

Although the literature frequently describes the patterns of job performance deterioration in the troubled or addicted employee, it does not address the likelihood that a significant number of employees do not exhibit any of the job-related symptoms, but may have significant physical, emotional, social, family or financial problems that might require some outside help. In my opinion, this is the greater challenge for a successful EAP. How do we reach these invisible troubled people before it is too late both for them and for the employer who might lose a valuable employee?

In the 1980s, with the introduction of drug testing in the workplace, particularly in the United States, I learned one answer to that question. In Canada many companies with U.S. affiliations were expected to comply with mandatory "random" employee drug testing; however, because of differences in legislation, companies in Canada adopted the practice of "periodic" drug testing or in some cases testing for cause once an incident had occurred. As companies tested their employees, those with positive results were frequently sent to addictions agencies for assessment of the extent of problem, necessity for treatment or fitness for work. My colleagues and I began to understand that drug testing seemed to indicate use but not necessarily problem use.

An unexpected benefit emerged, however: almost all of the companies that I worked with chose to offer information seminars on alcohol and other drugs before initiating testing. I often presented these in conjunction with regularly scheduled safety seminars and thus information was available to the general workforce and contractors. Many times, the information seminars resulted in workers coming to see me or some other service provider, or in workers referring a workplace "buddy." Good, accurate, up-to-date and timely information presented in a non-threatening, non-condemning and entertaining fashion went a long way to meeting the goals of most EAPs: employees themselves identified substance use problems and understood the connection between workplace safety and use.

Drug testing can sometimes be based on an adversarial view of the relationship between the employee and the employer. In my experience, EAP staff are most effective when they understand that the best interests of the employer are served by meeting the needs of the employee: Supplying good information can prompt referral from employees, without employer involvement. Supporting those who are troubled can prevent the loss of good employees.

\*Editor's note: Although most EAPs now offer assistance in everything from family of origin issues to trauma in the workplace, they were first devised as industrial alcoholism programs and many still are initially organized to deal with substance use in the workplace.

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## AADAC RESOURCES

### SUBSTANCE USE AND GAMBLING IN THE ALBERTA WORKPLACE, 2002: A REPLICATION STUDY

The research in *Substance Use and Gambling in the Alberta Workplace, 2002: A Replication Study* replicated a study conducted by AADAC in 1992. The 1992 study looked at the use of alcohol and other drugs in the workplace; in 2002, examination of tobacco use and gambling in the workplace was added. The 2002 study aimed to estimate the extent of substance use and gambling and identify factors that may contribute to gambling and the use of alcohol and other drugs. It also explored the range and nature of the effects of gambling and substance use on the workplace and the perceptions of employers, managers, employees and unions on the types and adequacy of available responses. Reports on the study are presented in four different forms:

1. The Summary Report is offered for general information. It will be posted on AADAC's corporate Web site early in 2004. A printed version is available from AADAC Resource Development (RD). At 40 pages, the report costs \$10.00 plus GST, shipping and handling.
2. The Technical Report (2003, 200 pages) is only available through AADAC RD, at \$50.00 plus GST, shipping and handling. This report includes detailed descriptions of methodology, sampling design, questionnaire concepts, measurement principles and results for *Substance Use and Gambling in the Workplace, 2002: A Replication Study*.
3. A series of seven profiles targeting specific workplace topics will also be on AADAC's corporate Web site early in 2004. The first four profiles, *Alcohol Use and the Alberta Workplace, 1992-2002; Illicit Drug Use and the Alberta Workplace, 1992-2002; Tobacco Use and the Alberta Workplace 2002; and Gambling and the Alberta Workplace, 2002* report prevalence of each activity in the workplace, rates of problem use or gambling, and rates by industry. The illicit drug profile adds types of drugs use. *Tobacco Use and the Alberta Workplace* includes smoking profiles.

The remaining three profiles are titled *Impacts and Costs of Substance Use in the Alberta Workplace, Employers' Responses to Substance Use and the Alberta Workplace, and Employee Assistance Programs in the Alberta Workplace*.

4. An information sheet, *Substance Use and Gambling in the Workplace, 2002: A Replication Study*, has also been released as part of AADAC's extensive Workplace Information Series. All leaflets in the series are four pages long and are designed to help workers and employers to have safer and healthier work environments. Other available topics in the series are *Workplace Health and Wellness; Workplace Peer Support, The Basics: Alcohol, Other Drugs and Gambling; An Addiction in the Family: What It Means for the Workplace; The Addicted Employee: After Treatment; Alcohol/Drug Policy Development; Employment-Related Alcohol/Drug Testing; and Dealing with the Troubled Employee*. Each topic in the series is available for \$25 for a package of 25 of a single topic. A selection of all nine titles is available for \$18 per package of nine. GST, shipping and handling will be added to the total price.

**TO ORDER:** Single copies of the information sheet and the summary report are available free to Albertans from your local AADAC office. Outside Alberta, order from AADAC Resource Development, #200, 10909 Jasper Avenue, Edmonton, AB, Canada, T5J 3M9; TOLL-FREE 1.800.280.9616; FAX 780.422.5237; E-MAIL

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